

P15000023150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

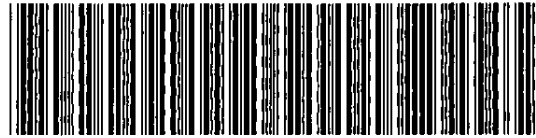
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

MAR 11 2015

T. SCOTT



500269837965

03/11/15--01007--003 **70.00

RECEIVED
DEPARTMENT OF STATE
OVERSEAS
15 MAR 11 AM 9:37
NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

APPROVED
FILED
15 MAR 11 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Moses Pressure Washing Services Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Clarence Moser Jr
Name (Printed or typed)

4948 Six Oaks Dr. Tall. FL 32303
Address

Tallahassee, FL 32303
City, State & Zip

850 284-1128
Daytime Telephone number

Clarence Moser 2 @ Yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: MOIES Pressure Washing Service Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4948 S. V DAKS DR.
Tallahassee, FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To go into business for
profit.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Clarence M. D. SERCEO Name and Title: _____

Address: 2000 N. Main St. Rd # 302 Address: _____

Apt 302 Tallahassee FL 32303

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

15 MAR 11 AM 8:46
TALLAHASSEE, FLORIDA

APPROVED

(cont.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

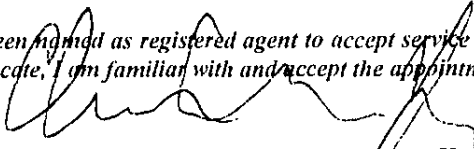
Name: Clarence Moses
Address: 2000 N. Meridian Rd #302
Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

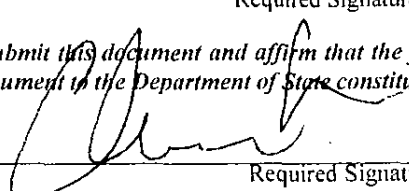
Name: Clarence Moses
Address: 2000 N. Meridian Rd #302
Tallahassee, FL 32303

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

03/11/15
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

03/11/15
Date